

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		2				
5						
6		3				
7						
8		3				
9	1					
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TOTAL IND.

2

TOTAL DEP.

10

TOTAL CLAIMS

12

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.

1

TOTAL DEP.

1

TOTAL CLAIMS

1